

United States District Court
For the District of Delaware

Acknowledgement of Service Form
For Service By Return Receipt

Civil Action No. 05-386GMS

Attached below is a return receipt card reflecting proof of service upon the named party on the date show.

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature <input checked="" type="checkbox"/> <u>Beatrice Dney</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>Thomas L. Carroll, Warden Delaware Correctional Center 1181 Paddock Road Smyrna, DE 19977</p> <p><u>05-386 GMS</u></p> | | <p>B. Received by (Printed Name) <u>BEATRICE DNEY</u> C. Date of Delivery <u>8/8/05</u></p> | |
| <p>U.S.M.S. X-RAY</p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> | |
| <p>2. Article Number (Transfer from service label)</p> | | <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> COD</p> | |
| <p>PS Form 3811, August 2001</p> | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |

Domestic Return Receipt 102595-02-M-1540